Please print or type in the unshaded areas only		
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).	For Approved. OMB No. 2040-0086.	Approval expires 5-31-92

FORM					PROTECTION			. EPA I.D. N	UMBE	ER		
1	PA				IFORMA Permits Prog		F		0094		T/A	D
GENERAL					uctions" bef		g.) 1			13	14	15
LABEL ITEMS								GENERA				
I. EPA I.D. NUMBER							l a	f a preprinted iffix it in the desi	abel h	as bee	n provid	ded,
							i	offix it in the designation can incorrect, cross	efully; through	if and	y of it	t is
III. FACILITY NAME							C b	orrect data in t elow. Also, if ar bsent (the area	he app	ropriate	e fill-in a	area ta is
V. FACILITY MAILING LIST	PLEASE	PLA	CE	LABEL	. IN THIS	SPACE	i a	pace lists the ppear), please i n area(s) below	provide If the	it in the	e proper	r fill-
							a	nd correct, you	need r	ot com	nplete Ite	ems
VI. FACILITY LOCATION							if ir a	ompleted regard no label has be astructions for d nd for the legal his data is collec	een pro detailed authoriz	ved. I	ete all ité Refer to descripti	the
II. POLLUTANT CHARA							CALL S					
INSTRUCTIONS: Complete A questions, you must submit the the supplemental form is attacked from permit requirements.	thed If you answer	"no" to	each of instruc	n listed in the question, you ctions. See a	e parentnesis to	ollowing the o	question	. Mark "X" in the	box in	the thi	rd colum	an if
SPECIFIC QUEST	TIONS	VEO	MARI	K "X"	8	SPECIFIC QU	JESTIO	NS		MAR	K "X"	
A. Is this facility a publicly owner	ed treatment works	YES	NO	ATTACHED	B Does or	will this fac	sility (ait)	ner existing or	YES	NO	ATTACH	
which results in a discharge U.S.? (FORM 2A)	e to waters of the		X		proposed) feeding productio	include a operation	or aq	trated animal uatic animal in a discharge		X		
C. Is this facility which cu discharges to waters of th	rrently results in	16 X	17	18 X	D. Is this prod	posal facility (o	ther than	those described	19	20 X	21	
those described in A or B above	/e? (FORM 2C)	22	23	24	to waters	of the U.S.? (F	FORM 2D		25	26	27	
E. Does or will this facility treat, hazardous wastes? (FORM 3	store, or dispose or		X		municipal containing bore, und	effluent below, within one	the low quarter n	cility industrial or vermost stratum nile of the well drinking water?		X		
G. Do you or will you inject a	at this facility any	28	29	30	H. Do you or	will you inject a	at this fac	lity fluids for	31	32	33	
produced water other fluids w the surface in connection with natural gas production, inje enhanced recovery of oil or n fluids for storage of liqu	c conventional oil or ct fluids used for atural gas or inject		X		special pro Frasch pro situ combu		is mining mining of fuel, or re	of sulfer by the		Ď		
(FORM 4)		34	35	36					37	38	39	
 Is this facility a proposed which is one of the 28 industr in the instructions and which 100 tons per year of any air under the Clean Air Act and 	ial categories listed will notentially emit				which is N listed in the	OT one of the e instructions a	28 indu: and which	ionary source strial categories n will potentially y air pollutant and may affect		X		
located in an attainment area?	(FORM 5)	40	41	42	or be locate	ed in an attain	ment are	? (FORM 5)	43	44	45	120
SKIP Renning	2		24520						EXPLICATION			
1 Benning (Generating S	tati	on						69			
IV. FACILITY CONTACT		100000				100			6		RESEAR	
C A. N	IAME & TITLE (last,	first, &	title)			B. Pl	HONE (a	area code & no.)				
2 Mahvi, Fa	ariba, Sr. E	ngin	eer			202	33	31 66	41			
V. FACILITY MAILING A	DDRESS A. STREET OR P.	O BOX	1074		45	46 48	49	51 52	55		温泉縣	
C	Street, N.			6220								
15 16		W . 5 1	TOOIII		45							
C Washingto	TY OR TOWN				C. STATE	D. ZIP CO	DE					
4 wasiiiiigtt	/11			40	DC 41 42	20068	51					
VI. FACILITY LOCATION					41 42 6 14 / 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	47	51	STEEL STEEL	No.			
C	TE NO. OR OTHER		IFIC II	DENTIFIER								
5 3400 Benn	ing Road, N	.E.			45							
	OUNTY NAME				*10							
	ITY OR TOWAL			70	5.071		10.00					
C	ITY OR TOWN				D. STATE	888	IP COD	E F. COUNT	CODE	-		
6 Washingto	n			40	DC 41 42	2 20	019	52	54			

VII. SIC CODES (4-digit, in order of priority)	
A. FIRST	B. SECOND
c 4911 (specify)	7 (specify)
15 16 17 Steam Elect. Power Gene	15 16 19
C. THIRD (specify)	D. FOURTH
15 16 17	7 15 16 19
VIII. OPERATOR INFORMATION	
C	NAME B. Is the name listed in
8 Potomac Electric Power Company	VIII-A also the owner
C. STATUS OF OPERATOR (Enter the appropriate letter in	into the answer box: if "Other." specify) D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify)	(specify)
P = PRIVATE	P 202 872 2000 56 15 16 18 19 21 22 25
E STREET OR PO BOX 701 Ninth Street, N.W., Room 622	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
26	55
F. CITY OR TOWN	G. STATE H. ZIP CODE IX. INDIAN LAND
B Washington	DC 20068 Is the facility located on Indian lands?
X. EXISTING ENVIRONMENTAL PERMITS	42 42 47 51 FES A NO
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
C T I DC0000094	C T 8 NA
15 16 17 18 30 B. UIC (Underground Injection of Fluids	15 16 17 18 30
C T I NA	E. OTHER (specify) (Specify)
15 16 17 18 30	9
C. RCRA (Hazardous Wastes)	E. OTHER (specify) (Specify)
9 R (See Attachment 1)	9 ORIS #603 Phase II Acid Rain
XI. MAP	15 16 17 18 30 Permit
Attach to this application a topographic map of the	area extending to at least one mile beyond property boundaries. The map must
hazardous waste treatment, storage, or disposal fa	ach of its existing and proposed intake and discharge structures, each of its facilities, and each well where it injects fluids underground. Include all springs,
invers and other surface water bodies in the map are	rea. See instructions for precise requirements (See Attachment 2)
XII. NATURE OF BUSINESS (provide a brief des	escription)
The Benning Facility is located on a	77 acre parcel adjacent to the Anacostia River. The
racifity uses two steam turbine gener	Prator units to produce electricity only druing poak
provides support services to Transmis	switchyard, and a service center. The service centersion and Distribution operations and includes
warehouse stock storage. Fleet Serv	ices Maintenance Garage. Transformer Maintenance Shop
and PCB and hazardous waste accumulat	tion and storage areas.
Note - This is not a Treatment, Stora	age and Disposal Facility (TSDF).
N	
XIII. CERTIFICATION (see instructions)	
I certify under penalty of law that I have personally e	examined and am familiar with the information submitted in this application and
the application, I believe that the information is true	ose persons immediately responsible for obtaining the information contained in ie, accurate and complete I am aware that there are significant penalties for
subtrituing raise information, including the possibility	of fine and impresonment.
A. NAME & OFFICIAL TITLE (type or print) Stanley A. Wisniewski, VP, Operation	B. SIGNATURE C. DATE SIGNED
	1/ 1/Calls 1 / 1/Canous/ 5/16/05
COMMENTS FOR OFFICIAL USE ONLY	
C 15 16	
	55

EPA ID Number - DC0000094

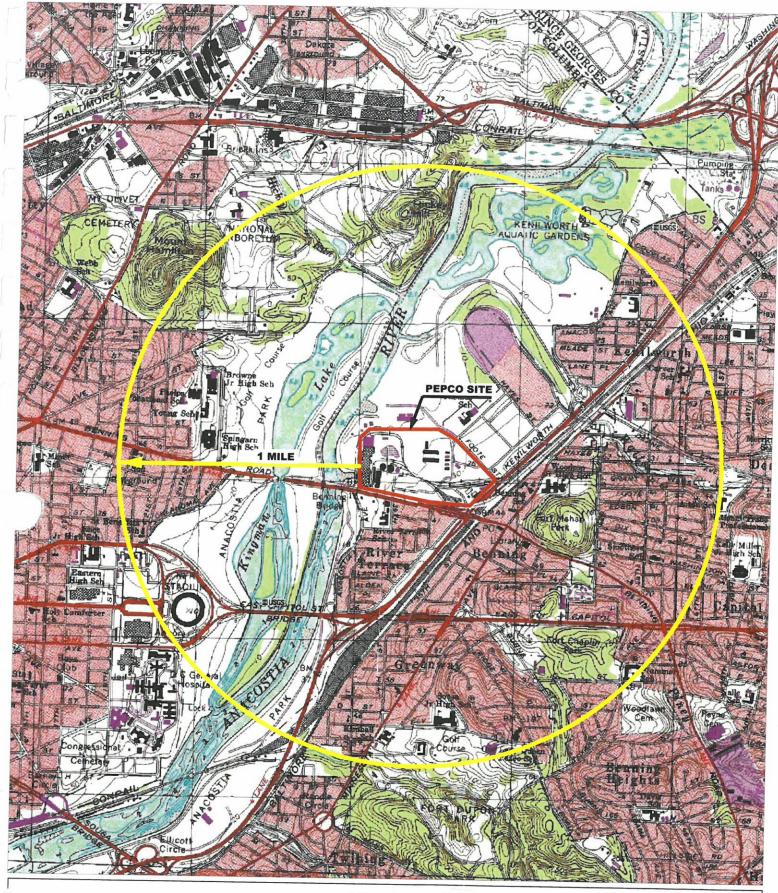
Attachment 1 - Response to Question X. of Form 1

C. RCRA Permits

Generation Station - DCR000500157 Service Center - DC000819516

E. Other Environmental Permits

Oil Operations Permit - 2004-OPV-3141



Attachment 2

LOCATION MAP

PEPCO Benning Generating Station USGS MAP - Washington, D.C.

SCALE 1" = 2000'

Image Information: Projection: North American Datum 1983 / UTM Zone 18N Provider: U.S. Geological Survey Please type or print in the unshaded areas only

Form 2C

EPA ID Number (Copy from Item 1 of Form 1)

DC000094

U.S. ENVIRONMENTAL PROTECTION AGENCY

APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS

NPDES					Consolidated Permits P	Program	
Outfall Lo	cation		District Association	建筑线 医乳头	建设建设设施		
For this	outfall, list th	ne latitude and longitude	e, (degrees, r	nin.xxxx) and name	of the receiving water(s)		
Outfall		Latitude	ı	_ongitude	Receiving Water (name	e)	
Number (list)	Deg	Min	Deg	Min			
(See A	ttachmer	t 3)					
2.01							
			72.1				
II. Flows, So	urces of P	ollution, and Treatn	nent Techr	ologies			
A. Attach	a line drawir	ng showing the water flo	ow through th	ne facility. Indicate s	sources of intake water, o	perations contributing	wastewater to
the effl	uent, and tre	eatment units labeled to	correspond	to the more detailed	d description in Item B C	onstruct a water halar	ace on the line
(e.g., to	or certain mi	ning activities), provide	a pictoral de	scription of the natu	units, and outfalls. If a vure and amount of any so	vater balance cannot urces of water and an	be determined by collection or
treatme	ent measures	s. 15ee Attach	ment 4 ·	- Flow line	Diagram)		
wastew	ater, cooling	a water, and storm water) All operation of the control of th	ons contributing was The average flow c	stewater to the effluent, incontributed by each operat	cluding process waster	water, sanitary
by the v	vastewater.	Continue on additional	sheets if nec	essary.	ontributed by each operat		ment received
1. Outfall No. (list)		2. Operations Co				3. Treatment	
(mot)	a. C	PERATION (list)		ERAGE FLOW	a. DESCRIPTION	b. LIST CODES F	ROM TABLE 2C-1
/Coo A+	+ a a lama a u	<u> </u>	(11	nclude units)			<u> </u>
(See At	tachmen	t 5)		747			
3	3:	7				<u> </u>	
						· ·	
		200 200 200					
2000							
				*		14	
					11 P 3 2 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P		
-							
				3 - 1			
-			-				
1							

CONTINUED FROM THE FRONT C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? X YES (complete the following table) NO (go to Section III) 3. FREQUENCY 4. FLOW a. DAYS b. MONTHS a. FLOW RATE OUTFALL 2. OPERATION(s) b. TOTAL VOLUME c. DUR-PER WEEK PER YEAR **JUMBER** CONTRIBUTING FLOW (in mgd) (specify with units (specify (specify **ATION** (list) (list) 1. LONG TERM 2. MAXIMUM 1. LONG TERM 2. MAXIMUM (in days) average) average) AVERAGE DAILY AVERAGE DAILY 013 Fireside Washings 0.087 0.3 013 Cooling Tower 2 0.180 2.0 1 - 7Blowdown III. PRODUCTION A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? X YES (complete Item III-B) NO (go to Section IV) B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? YES (complete Item III-C) X NO (go to Section IV) C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls. NA 1. AVERAGE DAILY PRODUCTION 2. AFFECTED **OUTFALLS** a. QUANTITY PER DAY b. UNITS OF MEASURE c. OPERATION, PRODUCT, MATERIAL, ETC (list outfall numbers) (specify) IV. IMPROVEMENTS A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. YES (complete the following table) NO (go to Item IV-B) 4. FINAL 2. AFFECTED OUTFALLS 1. IDENTIFICATION OF CONDITION, 3. BRIEF DESCRIPTION OF PROJECT COMPLIANCE DATE AGREEMENT, ETC. a. No b. SOURCE OF DISCHARGE a. REQb. PRO-**UIRED** JECTED 3. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. NA MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED

NOTE: Tables	before proceeding - Complete one set of V-A, V-B, and V-C are included on separa	te sheets number V-1 through V-9	
may be discharged from any data in your possession.	ny of the pollutants listed in Tables 2c-3 o y outfall. For every pollutant you list, brief NA	f the instructions, which you know or h ily describe the reasons you believe it t	ave reason to believe is discharged o be present and report any analyti
1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
			70 70 70 70 70 70 70 70 70 70 70 70 70 7
W. S.			
2.00		-	
OTENTIAL DISCULADO	FO NOT COVERED BY ANALYSIS		
OTENTIAL DISCHARG	ES NOT COVERED BY ANALYSIS		
any pollutant listed in Item	V-C a substance or a component of a sul	ostance which you currently use or ma	nufacture as an intermediate or fina
roduct or byproduct?		or you can only acc or ma	national as an intermediate of fine
	VES (list all such pollutants he	elow) X NO (g	t- // 1 // D)
	YES (list all such pollutants be	<i>Plow)</i>	o to Item VI-B)

٠ ټــــــــــــــــــــــــــــــــــــ	'ES (identify the test(s) and describe their purp	ose below)) (go to Section VIII)
Acute Whole Efflue	nt Toxicity - Samples were o WET tests to o Pimephales pro as a pass/fail	melas test	Te Danhnia	013 discharge for pulex and esults were reported
III. CONTRACT ANALYSIS IN	NFORMATION			
re any of the analyses reported X YES (list the	in Item V performed by a contract laboratory or ne name, address, and telephone number of, a		NO (go to S	ection IX)
re any of the analyses reported X YES (list the	in Item V performed by a contract laboratory or	nd pollutants [EPHONE	D. POLLUTANTS ANALYZE
A. NAME A. Engineering,	in Item V performed by a contract laboratory or the name, address, and telephone number of, a vzed by, each such laboratory or firm below) B. ADDRESS 15 Loveton Circle	nd pollutants C. TELI (area co	EPHONE ode & no.)	D. POLLUTANTS ANALYZEI (list) Daphnia pulex and
A. NAME EA Engineering, Science and Technologies	in Item V performed by a contract laboratory or ne name, address, and telephone number of, a rzed by, each such laboratory or firm below) B. ADDRESS 15 Overton Circle	nd pollutants C. TELI (area co	EPHONE	D. POLLUTANTS ANALYZEI (list) Daphnia pulex and
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A NAME EA Engineering, Science and Technolo Inc. CERTIFICATION Certify under penalty of law that the company of the system or those how manage the system or those possibility of fine and imprisonment.	in Item V performed by a contract laboratory or the name, address, and telephone number of, a rzed by, each such laboratory or firm below) B. ADDRESS 15 Loveton Circle 19 Sparks MD 21152 This document and all attachments were prepared by personnel properly gather and evaluate the information of persons directly responsible for gathering the for knowing violations.	C. TELI (area co	ion or supervisic Based on my is in for submitting	D. POLLUTANTS ANALYZEI (list) Daphnia pulex and Pimephales promela on in accordance with a system requiry of the person or persons ubmitted is, to the best of my false information, including the
A NAME EA Engineering, Science and Technolo Inc. CERTIFICATION Certify under penalty of law that the esigned to assure that qualified penalty on manage the system or those	in Item V performed by a contract laboratory or the name, address, and telephone number of, a rzed by, each such laboratory or firm below) B. ADDRESS 15 Loveton Circle 19 Sparks MD 21152 This document and all attachments were prepared by personnel properly gather and evaluate the information of persons directly responsible for gathering the for knowing violations.	C. TELI (area co	ion or supervision or supervision be information sign for submitting	D. POLLUTANTS ANALYZEI (list) Daphnia pulex and Pimephales promela on in accordance with a system inquiry of the person or persons

EPA FORM 3510-2C (Rev. 8-90)